Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09900737

| (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | OTHER | THAN |
|---|--|---|----------------------------------|---|----------------------------|----------------------------------|--------------|--------------------|------------------------|------|---------------------|------------------------|
| TOTAL CLAIMS | | | 20 | | (Coloniar 2) | | , | TYPE | | OR | SMALL | |
| FOR | | | AU MADED EN CO | | ARIMOSO SYSTEM | | 1 | RATE | FEE | | RATE | FEE |
| | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | Basic Fee | 710.00 |
| TC | TAL CHARGEA | ABLE CLAIMS | // minus 20= | | . 0 | | | X\$ 9= | | OR | X\$18≂ | |
| ! | EPENDENT CI | | 5 minus 3 = | | 0 | | | X40= | | OR | X80≈ | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +135= | | OR | +270= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | column 2 | L | TOTAL | | OR | TOTAL | 110 |
| CLAIMS AS AMENDED - PART II | | | | | | | | l | | , | OTHER | THAN |
| | | (Column 1) | | (Column 2) (Colum | | | SMALL ENTITY | | | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDN | Total | .00 | Minus | .0 | 0 | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent | NTATION OF MI | Minus | ··· Z | S CLAIM | - (-) | | X40= | | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR | +270= | |
| | | | | | | | | TOTAL DOIT, FEE | | OR | TOTAL ADDIT. FEE | |
| | | | | | • | | | | | | | |
| AMENDMENT 8 | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Š | Total | · 8 | Minus | " ó | 10 | = | × | X\$ 9= | | OR | X\$18= | |
| AM | Independent | NTATION OF MI | Minus | ENDENT | S CLAIM |]= | | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | . (| OR | +270=/ | |
| _ | | | | | | | _ | TOTAL ODIT, FEE | | OR | YOTAL | |
| | | . ~ | DUII. FEE E | | | ADDIT. FEE | | | | | | |
| MENT C | S. 1. S. | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Colur HIGH NUM PREVIO PAID | EST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON | Total | • | Minus | | | • | | X\$ 9= | | OR | X\$18= | 1 22 |
| AMENDM | Independent | | Minus | *** | | = | | X40= | | ı | X80= | |
| Ш | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | OR | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | +270= | |
| ••1 | f the "Highest Nur | mber Previously Pa | id For IN THIS | S SPACE is | s less than | n 20. enter "20." | . <u>—</u> | TOTAL DOIT, FEE | | OR , | TOTAL ADDIT, FEE | |
| | we Tughest Nut The "Highest Num | mber Previously Pa ber Previously Pai | ug For IN THI 3 For (Total or | S SPACE i Independe | s less thei ent) is the | n 3, enter "3." highest numbe | | _ | ropriate box | | | |